

CUSTOMIZED – Public Record Request

TO: Public Records Custodian, County A	<u>ssessor</u>	
I.	, am the	of
(Name)		(Title)
	, located at	
(Company Name)	, located at	(Address)
which is engaged in the business of	(Nature of Business)	
I am requesting the following information:		
(State records being reques	sted. Be specific. Use addition	nal sheets if needed.)
I certify that all information provided is true at these records. I also agree that the public reconstruction without specific authorization from the County request from my databases and all other elect this request is made. I agree not to hold Mari may receive. (See disclaimer on reverse side.)	cords will not be transmitted or y's record custodian. I agree to cronic media forms upon complicopa County liable for any inac-	resold to any other person or entity of delete all data acquired via this letion of the purpose or use for which
I fully understand that the Arizona Publi non-standard or custom request for d inaccurate or incomplete information I n	lata. I agree not to hold	
Signature	 Da	te
CONTACT INFORMATION:		
Name:	Pho	one:
Address:	Fax	k:
E-Mail:		